

## FY 2001 PERFORMANCE SUMMARY - July 2002

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<b>GOALS MET - 24</b>			
<u>Indicator 1:</u> Maintain Area age-specific diabetes prevalence rates (as a surrogate marker for diabetes incidence) for the AI/AN population.	FY 03: maintain data-base FY 02: maintain data-base <b>FY 01: maintain data-base</b> FY 00: maintain data-base FY 99: establish baseline	FY 03: FY 02: <b>FY 01: data-base maintained</b> FY 00: data-base maintained FY 99: baseline established	P: p. 56 B: p. IHS-35 p. IHS-151
<u>Indicator 2:</u> Reduce diabetic complications by demonstrating a continued trend in improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes in FY 2001.	Ideal Glycemic Control FY 03: maintain at FY 02 level FY 02: improve from FY 01* <b>FY 01: improved from FY 00</b> FY 00: improved from FY 99 FY 99: 25%  Good Glycemic Control FY 99: 38%	FY 03: FY 02: <b>FY 01: 30%</b> FY 00: 26% FY 99: 24% FY 98: 22% FY 97: 25%  FY 99: 35% FY 98: 35% FY 97: 25%	P: p. 58 B: p. IHS-35 p. IHS-151
<u>Indicator 3:</u> Reduce diabetic complications by demonstrating a continued trend in improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes and hypertension who have achieved blood pressure control standards in FY 2001.	Ideal Hypertension Control FY 03: maintain at FY 02 level FY 02: maintain at FY 01 level* <b>FY 01: improve from FY 00</b> FY 00: improve from FY 99 FY 99: 41%	FY 03: FY 02: <b>FY 01: 41%</b> FY 00: 35% FY 99: 36% FY 98: 38% FY 97: 27%	P: p. 60 B: p. IHS-35 p. IHS-151
<u>Indicator 4:</u> Reduce diabetic complications by demonstrating a continued trend of improvement in assessing the proportion of I/T/U clients with diagnosed diabetes for dyslipidemia (i.e., cholesterol and triglyceride) in FY 2001.	<u>LDL Cholesterol</u> FY 03: maintain at FY 02 level FY 02: improve from FY 01* <b>FY 01: improve from FY 00</b> FY 00: improve from FY 99 FY 99: 32%  <u>Total Cholesterol</u> FY 99: 82%	FY 03: FY 02: <b>FY 01: 60%</b> FY 00: 54% FY 99: 46% FY 98: 29%  FY 99: 72% FY 98: 79% FY 97: 83%	P: p. 63 B: p. IHS-35 p. IHS-151

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<u>Indicator 5:</u> Increase the proportion of I/T/U clients with diagnosed diabetes who have been assessed for nephropathy.	FY 03: maintain at FY 02 level FY 02: improve from FY 01* <b>FY 01: improve from FY 00</b> FY 00: improve from FY 99 FY 99: 36%	FY 03: FY 02: <b>FY 01: 54%</b> FY 00: 41% FY 99: 36% FY 98: 33% FY 97: 36%	P: p. 64 B: p. IHS-35 p. IHS-151
<u>Indicator 6:</u> Reduce cervical cancer mortality and morbidity by increasing the proportion of women in FY 2001 who have had a Pap screen in the previous year by 3% over the FY 2000 level.	<u>Pap Screening</u> FY 03: maintain FY 02 level FY 02: +2% over FY 01 level <b>FY 01: +3% over FY 00 level</b> FY 00: +3% over FY 99 level  FY 99: no indicator  <u>Cervical Cancer</u> FY 99: determine incidence of cervical cancer	FY 03: FY 02: <b>FY 01: 21% w/in 1 year 42% w/in 3 years</b> FY 00: 12% w/in 1 year 18% w/in 3 years  FY 99: baseline not adequate FY 99: 8-10 per 100,000 based on 40% of AI/AN	P: p. 66 B: p. IHS-35
<u>Indicator 7:</u> Reduce breast cancer mortality and morbidity by increasing the proportion of the AI/AN female population over 40years of age during FY 2001 who have had screening mammography in the previous year by 2% over the FY 2000 levels.	FY 03: maintain FY 02 level FY 02: +2% over FY 01 level <b>FY 01: +2% over FY 00 level</b> FY 00: +3% over FY 99 baseline  FY 99: establish baseline	FY 03: FY 02: <b>FY 01: 21% w/in 2 years</b> FY 00: 15% w/in 2 years  FY 99: baseline not adequate	P: p. 67 B: p. IHS-35
<u>Indicator 8:</u> Improve child and family health by increasing the proportion of AI/AN children served by IHS receiving a minimum of four well child visits by 27 months of age	FY 03: maintain FY 02 level FY 02: +1% over FY 01* <b>FY 01: +2% over FY 00</b> FY 00: +3% over FY 99	FY 03: FY 02: <b>FY 01: 55.47%</b> FY 00: 52.42% FY 99: 38.5%	P: p. 69 B: p. IHS-35 p. IHS-93  * indicates

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
during FY 2001 by 2% over the FY 2000 level.	FY 99: establish baseline	baseline	revised FY 2002 measure.
<u>Indicator 15:</u> Reduce the incidence and consequences of family violence, abuse, and neglect by assuring that in FY 2001 at least 80% of I/T/U medical facilities with Urgent Care or Emergency departments or services will have written policies and procedures for routinely identifying, treating and/or referring victims of family violence, abuse or neglect (i.e., child, spouse, and/or elderly).	<u>Staff Training</u> FY 03: 60% FY 02: 56% FY 01: no indicator FY 00: no indicator FY 99: no indicator  <u>Policies and Procedures</u> FY 03: 85% FY 02: 82% <b>FY 01: 80%</b> FY 00: 70% FY 99: 60%  <u>Data Code</u> FY 03: develop standard data code FY 02: no indicator	<u>Staff Training</u> FY 03: FY 02: FY 01: FY 00: 54% baseline  <u>Policies and Procedures</u> FY 03: FY 02: <b>FY 01: 82%</b> FY 00: 72% FY 99: 64% FY 98: 47% baseline  <u>Data Code</u> FY 03: FY 02:	P: p.83 B: p. IHS-55 p. IHS-35
<u>Indicator 16:</u> During FY 2001, IHS will: <ul style="list-style-type: none"> <li>Conduct a pilot study at five sites to evaluate the potential of electronically extracting data from the RPMS to report on five clinical performance measures,</li> <li>Begin one or more intervention studies at appropriate sites to resolve data quality problems that are identified in this and previous studies,</li> <li>For any of these performance measures where the data quality is deemed to be sufficient to proceed, implement electronic data collection so that baseline data can be collected for FY 2002.</li> </ul>	FY 03: a. complete baseline of initial measures b. automate new measures c. distribute automated mapping tools to all I/T/Us  FY 02: assess 5 sites for 5 performance measures  <b>FY 01: setup 5 sites for testing 5 performance measures</b>  FY 00: no indicator  FY 99: no indicator	FY 03:       FY 02:       <b>FY 01: 5 sites for testing 5 performance measures established</b>	P: p. 86 B: p. IHS-83
<u>Indicator 17:</u> To improve mental health planning and evaluation, increase the number of I/T/U programs utilizing the Mental Health/Social Services (MH/SS) data reporting system during FY 2001 by 10% over the FY 2000 rate.	<u>Expand MH/SS Use</u> FY 03: +5% use over FY 02 FY 02: +5% use over FY 01 <b>FY 01: +10% use over FY 00</b>  FY 00: +10% use over FY 99  FY 99: 50% reported	FY 03: FY 02: <b>FY 01: +12.1% increase**</b> FY 00: +24.7% increase** FY 99: 51% reported	P: p. 89 B: p. IHS-55  ** Data now based on actual use rather than reported use. See Program Performance

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
	<u>Submit Minimum Data Set</u> FY 03: 50% submit minimum data FY 02: no indicator	FY 98: 40-45% baseline est.  FY 02: no accepted data set	section of Indicator 17 on page 91 for details.
<u>Indicator 18:</u> To improve planning and better define the needs and health conditions of urban Indian people, at least 30% of the Urban Indian health care programs will have implemented mutually compatible automated information systems which capture health status and patient care data by the end of FY 2001.	FY 03: +2 sites over FY 02 level FY 02: +2 sites over FY 01 level* <b>FY 01: implemented in 30% of urban programs</b> FY 00: test in at least one site FY 99: develop specs and plan	FY 03: FY 02: <b>FY 01: 32% (11 of 34) of urban programs</b> FY 00: tested in several sites FY 99: accomplished 8/99	P: p. 92 B: p. IHS-115  * indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 19:</u> To assure high quality health care, maintain 100% accreditation of all IHS hospitals and outpatient clinics during FY 2001.	FY 03: 100% FY 02: 100% <b>FY 01: 100%</b> FY 00: 100% FY 99: 100%	FY 03: FY 02: <b>FY 01: 100%</b> FY 00: 100% FY 99: 100% FY 98: 100% (baseline)	P: p. 93 B: p. IHS-35 p. IHF-147
<u>Indicator 22:</u> Improve the health status of American Indian and Alaska Native people by assuring that during FY 2001, the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits are increased by 3% over the FY 2000 workload levels.	<u>Total Visits</u> FY 03: maintain FY 02 level FY 02: +2% over FY 01 <b>FY 01: +3% over FY 00</b> FY 00: 7% over 97 or 363,033  FY 99: no indicator  <u>Home Visits</u> FY 03: +2% over FY 02 FY 02: +2% over FY 01 <b>FY 01: +3% over FY 00</b> FY 00: 7% over 97 or 127,846 FY 99: no indicator	FY 03: FY 02: <b>FY 01: 383,436 (+3.1%)</b> FY 00: 371,548 FY 99: 336,134 FY 97: 339,283 baseline  FY 03: FY 02: <b>FY 01: 153,852 (+20%)</b> FY 00: 127,873 FY 99: 111,836 FY 97: 119,482 baseline	P: p. 101 B: p. IHS-93
<u>Indicator 24:</u> Reduce the incidence of preventable diseases, by increasing pneumococcal and influenza vaccination levels among adult diabetics and adults aged 65 years and older by 1% over the FY 2000 rates.	<u>Influenza</u> FY 03: at FY 02 level FY 02: +1% over FY 01 level* <b>FY 01: +1% over FY 00 level</b> FY 00: 65% FY 99: no indicator	FY 03: FY 02: <b>FY 01: 34.8%</b> FY 00: 30.7%	P: p. 105 B: p. IHS-35 p. IHS-93 p. IHS-99 p. IHS-105

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
	<u>Pneumococcal</u> FY 03: no indicator FY 02: no indicator <b>FY 01: secure electronic baseline</b>  FY 00: 65%  FY 99: no indicator	FY 03: FY 02: <b>FY 01: 11.2%</b> FY 00: data source inadequate	* indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 28:</u> During FY 2001, the IHS will collaborate with NIH to assist three AI/AN communities develop culturally sensitive, multidimensional, community - directed pilot cardiovascular disease prevention programs.	FY 03: Evaluation implemented and 1 site added FY 02: 3 sites implementing interventions <b>FY 01: 3 sites with intervention plans</b>  FY 00: no indicator FY 99: no indicator	FY 03:  FY 02: <b>FY 01: 3 sites with intervention plans</b>	P: p. 110 B: p. IHS-99 p. IHS-35
<u>Indicator 29:</u> As part of a long-term effort to develop effective interventions to reduce childhood obesity rates, during FY 2001 the IHS will maintain ongoing body mass index (BMI) assessments in AI/AN children 3-5 years old and/or 8-10 years old, for both intervention pilot sites and non-intervention comparison sites, as part of an overall assessment of the ongoing childhood obesity prevention project's effectiveness.	FY 03: implement a 3 element obesity prevent./treat. plan FY 02: develop a 3 element obesity prevent./treat. plan* <b>FY 01: implement obesity prevention program and monitor pilots and comparisons sites</b>  FY 00: establish five pilot sites  FY 99: develop approach and baselines	FY 03  FY 02:  <b>FY 01: implementation and monitoring commenced at sites</b> FY 00: pilot sites established FY 99: approach and baseline accomplished	P: p. 113 B: p. IHS-35  * indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 30:</u> Reduce tobacco use by assuring that at least five regional tobacco control centers are available to assist AI/AN health facilities and organizations with tobacco prevention and cessation activities by the end of FY 2001.	FY 03: develop 5-year tobacco control plan for IHS FY 02: commence all prescribed control activities in 5 sites <b>FY 01: establish 5 tobacco control centers</b>  FY 00: establish baseline rates for tobacco usage FY 99: no indicator	FY 03:  FY 02:  <b>FY 01: 7 tobacco control centers established</b> FY 00: baseline rates established	P: p. 116 B: p. IHS-35
<u>Indicator 33:</u> By the end of FY 2001, complete field-testing of the protocol and implementation plan for an environmental health surveillance system and conduct environmental assessments in 15% of American Indian and Alaska Native communities.	FY 03: +15% over FY 02 level FY 02: implement in at least 10 tribal sites* <b>FY 01: 15% of communities assessed</b>  FY 00: develop surveillance protocol and plan  FY 99: no indicator	FY 03: FY 02: <b>FY 01: automated system distributed to all IHS field sites</b> FY 00: protocol and plan partially completed FY 99: no surveillance systems in place	P: p. 122 B: p. IHS-33  * indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<u>Indicator 34:</u> To improve access to health care services, during FY 2001 the IHS will address \$12 million of the FY 2000 Backlog of Essential Maintenance, Alteration, and Repair (BEMAR) for health care facilities.	FY 03: indicator discontinued FY 02: indicator discontinued <b>FY 01: address \$12 million of FY 2000 BEMAR</b>  FY 00: address \$12 million of FY 1999 BEMAR  FY 99: maintain backlog at \$243 million	FY 03: FY 02: <b>FY 01: addressed \$12 million of FY 2000 BEMAR</b> FY 00: \$12 million addressed  FY 99: backlog maintained at \$243 based on FY 1997 formula FY 98: \$243 million baseline	P: p. 128 B: p. IHF-11
<u>Indicator 35:</u> Improve home environmental health by providing sanitation facilities projects to serve a total of 14,730 new or like-new homes and existing Indian homes.	FY 03: 3,800 New/L. New <u>11,455 Existing</u> Total 15,255  FY 02: 2,528 New/L. New <u>12,727 Existing</u> Total 15,255  <b>FY 01: 3,800 New/L. New</b> <u><b>10,930 Existing</b></u> <b>Total 14,730</b>  FY 00: 3,740 New/L. New <u>11,035 Existing</u> Total 14,775  FY 99: 5,900 New/L. New <u>9,330 Existing</u> Total 15,230	FY 03:  FY 02:  <b>FY 01: 3,551 N/LN</b> <u><b>14,451 Exist.</b></u> <b>Total 18,002</b>  FY 00: 3,886 N/LN <u>14,490 Exist.</u> Total 18,376  FY 99: 3,557 N/LN <u>13,014 Exist.</u> Total 16,571	P: p. 128 B: p. IHF-15
<u>Indicator 37:</u> To improve the IHS consultation process with its I/T/U stakeholders, during FY 2001 the IHS will coordinate the completion and implementation of the revised IHS consultation policy and develop an instrument to assess satisfaction with the new policy.	FY 03: 5% increase over baseline FY 02: secure OMB clearance for instrument and baseline <b>FY 01: implement policy and submit instrument</b>  FY 00: revise policy and instrument  FY 99: establish policy and collect baseline	FY 03: FY 02:  <b>FY 01: policy implemented and instrument submitted</b> FY 00: revised policy proposed and instrument developed FY 99: policy established but baseline delayed	P: p. 136 B: p. IHS-129

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<u>Indicator 40:</u> During FY 2001, the IHS will expand Managerial Cost Accounting (MCA) capacity through the investment in necessary information technology in accord with DHHS and OMB guidance.	FY 03: expand IT capability FY 02: expand IT capability <b>FY 01: expand IT capability</b>  FY 00: continue implementation & develop pilot sites  FY 99: begin implementation	FY 03: FY 02: <b>FY 01: IT capacity expanded</b> FY 00: implementation continued but pilots sites not developed  FY 99: "cost centers" implemented in FY 1999	P: p. 141 B: p. IHS-129
Indicator 42: During FY 2001, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by: a. developing a technical assistance "needs assessment" protocol for systematically identifying the technical assistance needs of new compacting and contracting Tribes. b. develop a Contract Support Costs Review Protocol for systematically and consistently applying the IHS Contract Support Cost Policy to all initial contract support cost requests.	Technical Assistance FY 03: 100% of new tribes FY 02: 100% of new tribes <b>FY 01: develop protocol</b>  Contract Support Cost Review FY 03: 100% use of protocol for new tribes FY 02: secure tribal acceptance <b>FY 01: develop protocol</b>  FY 00: no indicator FY 99: no indicator	FY 03: FY 02: <b>FY 01:</b>  FY 03: FY 02: <b>FY 01: protocol developed</b>	P: p. 143 B: p. IHS-129
<b>GOALS UNMET (and Partially Met) - 12</b>			

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<p><u>Indicator 9:</u> To reduce drug and/or alcohol use relapse of youths discharged from Regional Treatment Centers (RTC) during FY 2001:</p> <p>a. follow-up will be equal to or greater than the FY 2000 level</p> <p>b. increase by at least 5% over FY 2000, the youths who have documented 6 months of less alcohol and drug use than before treatment</p> <p><u>(Partially Met)</u></p>	<p><u>RTC Assessment Criteria</u> FY 03: +5% over FY 02 for 4 criterion FY 02: establish RTC baseline for 4 criterion*</p> <p><u>Follow-up Rates</u> FY 03: no indicator FY 02: no indicator <b>FY 01: FY 00 level or higher</b> FY 00: 45% (+10% over FY 99 for 3 follow-ups by 12 months post discharge) FY 99: establish baseline</p> <p><u>Abstinence</u> FY 03: no indicator FY 02: no indicator <b>FY 01: +5% over FY 00</b>  FY 00: no indicator</p>	<p>FY 03: FY 02:</p> <p>FY 03: FY 02: <b>FY 01: 60%</b> FY 00: 48% % -12 mos (+17%) FY 99: 40.9%</p> <p><b>FY 01: no reliable data source</b> FY 00: no reliable data source</p>	<p>P: p. 70 B: p. IHS-65</p> <p>* indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.</p>
<p><u>Indicator 10:</u> Reduce the incidence of Fetal Alcohol Syndrome by increasing the proportion of I/T/U prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women by 10% over the FY 2000 level.</p>	<p>FY 03: Maintain FY 02 level FY 02: + 2% over FY 01* <b>FY 01: + 10% over FY 00</b></p> <p>FY 00: +5% over FY 99  FY 99: establish baseline</p>	<p>FY 03: FY 02: <b>FY 01: 94.7%(+7.1% over FY 00)</b> FY 00: 87.6% (+9.2% over FY 99) FY 99: 78.4%</p>	<p>P: p. 72 B: p. IHS-65</p> <p>* indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.</p>
<p><u>Indicator 11:</u> Reduce dental decay rates by improving water fluoridation compliance in FY 2001 by 10% over FY 2000 levels for water systems in Areas participating in the IHS/CDC Fluoridation Surveillance Demonstration project and by 5% for systems serving all other IHS Areas.</p> <p><u>(Partially Met)</u></p>	<p>FY 03: 5% over FY 02 for AI/AN pop. receiving fluor. water</p> <p>FY 02: 5% over FY 01 for AI/AN pop. receiving fluor. water*</p> <p><b>FY 01: 10% over FY 00 for demo Areas 5% over FY 00 for other Areas</b></p> <p>FY 00: 15% over FY 99 for demo Areas</p> <p>FY 99: no indicator</p>	<p>FY 03:  FY 02:</p> <p><b>FY 01: 28% over FY 00 for demo Areas Same % FY 00 for other Areas</b></p> <p>FY 00: 18 systems in compliance (38% increase)</p> <p>FY 99: 13 systems in compliance for demo Areas or 2%</p>	<p>P: p. 74 B: p. IHS-47</p> <p>* indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.</p>



FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<u>Indicator 12:</u> Improve oral health status by assuring that at least 27% of the AI/AN population obtain access to dental services during FY 2001.	FY 03: at FY 02 level FY 02: 27.3% <b>FY 01: 27%</b> FY 00: 23% FY 99: 21%	FY 03: FY 02: <b>FY 01: 26.3%</b> FY 00: 25.1% FY 99: 25.1% FY 98: 24.5% FY 97: 22%	P: p. 77 B: p. IHS-47
<u>Indicator 13:</u> Reduce children's dental decay by assuring that the percentage of AI/AN children 6-8 and 14-15 years who have received protective dental sealants on permanent molar teeth in FY 2001 is increased by 3% over the FY 2000 level.	FY 03: at FY 02 level FY 02: +2.5% over FY 01 total sealants placed*  <u>6-8 yrs</u> <b>FY 01: +3% over FY 00</b>  FY 00: +3% over FY 99  FY 99: 50% (36.1% recalculated.)  <u>14-15 yrs</u> <b>FY 01: +3% over FY 00</b>  FY 00: +3% over FY 99  FY 99: 58% (59% recalculated)	FY 03: FY 02:  <b>FY 01: 45.6% (1.5+%)</b> FY 00: 44.1% (+4.5%) FY 99: 39.6% <sup>1</sup> FY 91: 40.1% corrected baseline  <b>FY 01: 51.5% (+2.4%)</b> FY 00: 49.1% (-15.9%) FY 99: 65.0% <sup>1</sup> FY 91: 66.5% corrected baseline	P: p. 79 B: p. IHS-47  * indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 21:</u> By the end of FY 2001, secure OMB clearance on revised consumer satisfaction instrument.	FY 03: establish baseline FY 02: secure OMB clearance* <b>FY 01: secure OMB clearance</b>  FY 00: Federal clearance and establish baseline  FY 99: develop instrument and protocol	FY 03: FY 02: <b>FY 01: waiting final OMB approval</b> FY 00: submitted but clearance not completed FY 99: instrument and protocol complete	P: p. 95 B: p. IHS-35  *indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 23:</u> Reduce the incidence of preventable disease by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 1% over the FY 2000 rate.	FY 03: at FY 02 level FY 02: +1% over FY 01 level <b>FY 01: +1% over FY 00 level</b>  FY 00: +2% over FY 99 level  FY 99: 91%	FY 03: FY 02: <b>FY 01: 83% 12 of 12 Areas (-3%)</b> FY 00: 86% 12 of 12 Areas (-3%) FY 99: 89% 12 of 12 Areas 87% 11 of 12 Areas FY 98: 88% (baseline 11 of 12 Areas)	P: p. 103 B: p. IHS-35 p. IHS-93 p. IHS-99 p. IHS-105

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<u>Indicator 27:</u> Reduce suicide rates by assuring that by the end of FY 2001, at least 50% of the I/T/Us will have implemented a suicide surveillance system to monitor the incidence and prevalence rates of suicidal acts (ideation, attempts, and completions) which assures those at risk receive services, and that appropriate population-based prevention interventions are implemented.	FY 03: + 5% over FY 02 level FY 02: + 10% over FY 01 level <b>FY 01: 50% of I/T/Us implem.</b>  FY 00: no indicator FY 99: no indicator	FY 03: FY 02: <b>FY 01: 12% of I/T/Us implem.</b> FY 00: FY 99: FY 98: estimated 25%	P: p. 109 B: p. IHS-55
<u>Indicator 31:</u> During 2001, develop an approach for HIV/AIDS surveillance and establish a baseline for completeness of reporting in one IHS Area.  (Partially Met)	FY 03: +2 Areas assessed FY 02: 3 Areas assessed* <b>FY 01: one Area assessed</b>  FY 00: establish baseline rates FY 99: no indicator	FY 03: FY 02: <b>FY 01: Area baseline partially established</b> FY 00: partially established	P: p. 118 B: p. IHS-35  *indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 32:</u> Obtain a baseline measure of the percentage of high risk sexually active persons who know their HIV status from a sample of IHS facilities. (Partially Met)	FY 03: +5% over FY 02 FY 02: secure baseline in 3 new Areas* <b>FY 01: Establish baseline</b>  FY 00: no indicator FY 99: no indicator	FY 03: FY 02: <b>FY 01: baseline for limited sites</b> FY 00: no baseline	P: p.120 B: p. IHS-35  * indicates revised FY 2002 measure.
<u>Indicator 36:</u> Improve access to health care by construction of the approved new health care facilities.  (Partially Met)	FY 03: complete scheduled phase of construction of appropriated facilities FY 02: complete scheduled phase of construction of appropriated facilities <b>FY 01: complete scheduled phase of construction of appropriated facilities</b>  FY 00: complete scheduled phase of construction of appropriated facilities  FY 99: complete scheduled phase of construction of appropriated facilities	FY 03:  FY 02:  <b>FY 01: 5 of 7 projects completed on schedule</b> FY 00: 5 of 6 projects completed on schedule FY 99: all projects completed on schedule	P: p. 130 B: p. IHF-21
<u>Indicator 43:</u> To improve job satisfaction and the quality of work life for IHS employees, the IHS will improve its overall (HRM) Index score to at least 97 as measured by the DHHS annual HRM survey.	FY 03: +one point over FY 02 FY 02: +one point over FY 01* <b>FY 01: at least 97 points</b> FY 00: at least 94 points FY 99: no indicator	FY 03: FY 02: <b>FY 01: 96 points</b> FY 00: 96 points FY 99: 93 points FY 98: 93 points baseline	P: p. 145 B: p. IHS-129 p. IHF-195 * indicates revised FY 2002 measure.

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
<b>GOALS UNREPORTED - 2</b>			
<u>Indicator 26:</u> Reduce injury-related hospitalizations for AI/AN people to no more than 70 per 10,000 people for FY 2001.	<u>Deaths</u> FY 03: maintain or reduce FY 02 rate FY 02: at FY 01 rate, or less <b>FY 01: no indicator</b> FY 00: no indicator FY 99: 93/100,000  <u>Hospitalizations</u> <b>FY 01: 70 per 10,000</b> FY 00: 71.5 per 10,000	<u>Deaths</u> FY 03: FY 02: <b>FY 01:</b> FY 00: FY 99: <b>95.5/100,000</b> FY 96-98: 4.7/100,000 FY 94-96: 92.6/100,000 FY 92-94: 5.0/100,000  <u>Hosp.</u> <b>FY 01: 4/02</b> FY 00: 4/02 FY 98: 72.5 /10,000 FY 96: 74.7/10,000	P: p. 107 B: p. IHF-33 p. IHS-93 p. IHS-99  * indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 38:</u> During the FY 2001 reporting period, the IHS will have improved the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements to at least 79% at the IHS-wide reporting level.	FY 03: +1% over FY 02 FY 02: 88% <b>FY 01: 79%</b> FY 00: no indicator FY 99: no indicator	FY 03: FY 02: <b>FY 01: 9/03</b> FY 00: FY 99: 86% FY 97: 74%	P: p. 137 B: p. IHS-129
<b>GOALS NOT APPLICABLE TO FY 2001</b>			
<u>Indicator 14:</u> Increase the proportion of the AI/AN population diagnosed with diabetes that obtain access to dental services annually.	FY 03: 2% increase over FY 02 FY 02: 2% increase over FY 01 FY 01: no indicator FY 00: no indicator FY 99: no indicator	FY 03: FY 02: FY 01: FY 00: 32% FY 99: 30%	P: p. 82 B: p. IHS-47
<u>Indicator 20:</u> Implement medication error reporting system to reduce medication error.	FY 03: Assess baseline and establish pilot sites FY 02: survey current systems FY 01: no indicator	FY 03:  FY 02: FY 01:	P: p. 94 B: p. IHS-35  * indicates new FY 2002 measure, see Summary of Changes Table on pages 153-159.

FY 2001 Performance Indicator	FY Targets	Actual Performance	Reference
Indicator 25: Expand the number of tribes/tribal organizations with comprehensive injury prevention programs	FY 03: maintain at least 25 sites FY 02: maintain at least 25 sites* FY 01: no indicator FY 00: no indicator	FY 03: FY 02: FY 01: FY 00: baseline 25 sites	P: p. 106 B: p. IHF-33  * indicates revised FY 2002 measure, see Summary of Changes Table on pages 153-159.
<u>Indicator 39:</u> Maintain administrative infrastructure (Area and Headquarters) no higher than FY 1999 target level while maintaining full compliance with major Federal requirements (i.e., GPRA, GMRA, ITMRA, etc.).	FY 03: assess pub. health infrastructure for HQ and 6 Areas FY 02: no indicator FY 01: no indicator FY 00: 1876 FTE or less FY 99: at least 10% under FY 97 level or 1876 FTE	FY 03: FY 02: FY 01: FY 00: 1,569 FTE FY 99: -22% (1,619 FTE) FY 97: 2085 FTE baseline	P: p. 140 B: p. IHS-129
<u>Indicator 41:</u> Increase the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	FY 03: improve 10% over FY 02 baseline FY 02: no indicator FY 01: no indicator	FY 03: FY 02: FY 01:	P: p. 142 B: p. IHS-129
<u>Indicator 44:</u> Improve retention of I/T/U health care providers.	FY 03: identify nurse retention problems and develop plan FY 02: no indicator FY 01: no indicator	FY 03: FY 02: FY 01:	P: p. 146 B: p. IHS-129 p. IHS-35